

RURAL HEALTH CLINIC

PROVIDER RELIEF FUNDS PORTAL INFORMATION REQUEST

Reporting Period 1: Funds Received 4/10/2020 to 6/30/2020

Period of Availability: 1/01/2020 to 6/30/2021



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Provider Relief Reporting

Thank you for what you are doing in combating Covid-19. We hate to ask for so much information at this critical time in the fight; but, barring a last-minute reprieve RHCs are required to report uses of the Provider Relief Funds received from April 10, 2020, to June 30, 2020, by September 30, 2021. RHCs had until June 30, 2021, to use the funds. On August 18, 2021, Healthcare Business Specialists conducted a webinar on this subject and you can find a recording of the session at <https://youtu.be/jndkeRdhnDM> and the presentation slides can be found [here](#). Please watch the presentation and follow the instructions and steps outlined in the presentation to get you more familiar with the process. This is going to take some work and digging to get the requested information. As we indicated in the webinar. **Start Early.**

The purpose of this document is to walk you through the information we are going to need to enter your data in the portal. If you have already registered, please provide us with your Username and Password to get in the portal and a cell phone of the person whose email is used as the Username for the portal. The portal uses two-factor authentication, and we will text you for a code to enter the portal when it is time. Before we do that, we need information, lots of information. Which is the reason for this workbook and the reason HHS prepared a series of Excel worksheets to help us gather the information. Here is a link to the worksheets: [Download the Reporting Worksheets \(.xls\)](#). What we are going to try to do is simply the reporting by giving you direction on what we need to complete the reporting requirement. We are going to screenshot each of the Excel worksheets and indicate to you what we need to complete each applicable section of the portal.

First, lets make sure we can get in the portal. Here is the information we need if you have registered already.

Name of RHC	
Name of person registered	
Portal Username email address	
Portal password	
Cell Phone number for two-factor authentication	

We will ask you provide documentation of the amounts used in the report and we will prepare a workpaper set for us to maintain for a least three years and preferably six years.

Table 1 HRSA PRF Reporting Portal - Other Assistance Received

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)
RHC COVID-19 Testing Funds Received						
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program) Description: Total amount of other assistance received from Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program) by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
FEMA Programs (CARES Act, Public Assistance, etc.) Description: Total amount of other assistance received from FEMA Programs (CARES Act, Public Assistance, etc.) by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
HHS CARES Act Testing Description: Total amount of other assistance received from HHS CARES Act Testing by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
Local, State, and Tribal Government Assistance Description: Total amount of other assistance received from Local, State, and Tribal Government Assistance by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
Business Insurance Description: Total amount of other assistance received from Business Insurance by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						
Other Assistance Description: Total amount of other assistance received from other sources by the reporting entity or by its subsidiaries included in the reporting during the period of availability.						

In this table include any other assistance received. You will most likely have the SBA PPP loans, RHC COVID-19 Testing funds (the \$49,241 you received) and possible a FEMA grant of \$10,000 or so. **Provide us with documentation of the amount and the date received to ensure we place it in the correct quarter if you have that information available.**

Table 2 PRF Expenses

Most if not all our RHCs will only have to complete Table A, breaking down your expenses into two categories – General and Administrative (G & A) Expenses and Healthcare Related (HR) Expenses. Please provide copies of invoices for purchases made and a sort them by quarter and then by type of expense labeled (G & A) or (HR). If you are using payroll expense, please provide a spreadsheet something like the following to document the time and payroll you are claiming by quarter. We added an Excel spreadsheet to help you which can be found by clicking below the sample form provided.

Provider Relief Portal Reporting									
Time Period:		April 1, 2020 to June 30, 2020							
Employee Name	Title	Quarterly Wages	Hours Worked	Hourly Rate	Covid Hours Worked	Salary Eligible for PRF Funds	Minus Other Reimbursement	Amount Included in Portal	Description of Activities
Megan Rose	MA	7,500	500	15	200	3,000	1,500	1,500	Screeener, took temps, etc.
Susie Greene	MD					5,000	1,000	4,000	Hazard Pay
Mark Jones	Receptionist					1,000	1,000	1,000	Hazard Pay
Deb Logan	Administrator	20,000	500	40	100	4,000	1,500	2,500	Covid Policies, Webinars, Meetings

[Click here to download our Excel PRF Payroll Worksheet that will help you document payroll expenses by Quarter](#)

Here is what the table of expenses will look like. Just complete Table A if you have less that \$500,000 of reportable PRF payments which again will be most of you. The key is we need documentation!

If Providers received less than \$500,000 in Total Reportable PRF Payments, Table A is required.

Table A	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)
General and Administrative (G&A Expenses)						
Healthcare Related Expenses						

If Providers received greater than or equal to \$500,000, Table B is required.

Table B	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)
General and Administrative (G&A Expenses)						
Mortgage/Rent						
Insurance						
Personnel						
Fringe Benefits						
Lease Payments						
Utilities/Operations						
Other G&A Expenses						
Healthcare Related Expenses						
Supplies						
Equipment						
Information Technology (IT)						
Facilities						
Other Healthcare Expenses						

Net Patient Revenues

All RHCs will have to complete this section of the portal which is calendar year net patient revenues. If you will provide us with a profit and loss statement for calendar years 2019 and 2020, we should be able to identify your net patient revenues relatively quickly from the P and L statements. If you have non-patient revenues in the net collections, do identify those amounts, so we can exclude them from the portal. Here is what the worksheets look like that HHS has provided for us.

Actual Patient Care Revenue

If the recipient used all Total Reportable Other PRF payments on expenses, the recipient is required to submit calendar year 2019 and calendar year 2020 actual patient care revenue. All fields marked with an asterisk will be required. The number entered may be a value with up to 14 digits including 2 decimal places. If there is no revenue, the reporting entity must enter '0'.

2019 Actuals (Calendar Year)
2020 Actuals (Calendar Year)

Please provide us with your Profit and Loss Statements for the calendar years 2020 and 2019. If you have both years tax returns filed with the IRS those will be helpful as well. **If all your PRF funds were used to pay expenses to prevent, prepare for, and respond to coronavirus, then there is no need to complete the table on the next page** that breaks down net patient collections by payor source by quarter for 30 months or 10 quarters. The table on the next page is only required to be entered if you are requesting reimbursement for lost revenues under Option 1. We are going assume that all of our clients will be using Option 1 as none of them tend to have budgets and Option 3 opens them up for a greater possibility of audit. We do know of some RHCs that will need to do Option 3 due to various reasons and we will handle those on a case-by-case basis.

The worksheet that needs to be completed to claim lost revenue is on the next page. You should use the Excel spreadsheet that HRSA provided to report this information as it has formulas and will be much easier to use.

The next page has an example of the table you will need to complete.

Figure 43 Personnel Metrics

Definitions of personnel metrics are as follows:

- **Clinical:** Total number of clinical personnel providing direct patient care by labor category (full time, part time, contract, furloughed, separated, hired). Clinical staff provides direct patient care and may provide direct diagnosis, treatment, or care for the patient. Clinical roles often require certifications or licensure. Clinical personnel may include: physicians, hospitalists, physician assistants, nurse practitioners, registered nurses, nursing assistants, patient care technicians, social workers, and therapists. Personnel must be categorized as clinical if 50% or more of their time is spent delivering direct patient care.
- **Non-Clinical:** Total number of non-clinical personnel by labor category (full time, part time, contract, furloughed, separated, hired). Personnel must be categorized as non-clinical if less than 50% of their time is spent delivering direct patient care. Non-clinical personnel may support patient care. Non-clinical personnel may include medical billers and coders, transcriptionists, hospital executives, and receptionists.
- All clinical and non-clinical personnel employed at any point and in any capacity during a calendar year quarter by the Reporting Entity (or its subsidiaries included in the report) must be categorized into one of the following labor categories. The labor categories are mutually exclusive, and each employee should only be included in one labor category per quarter. If a hiring action (*e.g.*, furloughed, separated, hired) occurred during the quarter personnel should be considered non-clinical if less than 50% of their time does not involve direct patient care. The employee should be identified in the category that occurred closest to the end of the quarter. All full-time, part-time, or contractor personnel should be those that experienced no hiring action during the respective quarter.
- **Full-time:** Number of personnel employed on average 30 hours of service per week, or 130 hours for a calendar month. However, health care practices may have exceptions to this, such as nursing shifts.
- **Part-time:** Number of personnel employed any time between 1 and 34 hours per week, whom may or may not qualify for benefits.
- **Contractor:** Number of personnel employed as an individual or under organizational contracts and do not receive direct benefits or compensation from the employer/provider.
- **Furloughed:** Number of personnel on temporary involuntary and unpaid leave of absence.
- **Separated:** Number of personnel who 1) voluntarily submit a written or verbal notice of resignation or 2) the employer/provider decided to terminate its relationship with the employee(s) (includes lay-offs and expired contracts).
- **Hired:** Number of personnel 1) not previously employed by the employer or 2) that left an employer due to voluntary or involuntary separation and are brought back to work by employer.

Survey

RHCs The last section of the PRF Reporting Portal is the Survey. We have answered the survey as follows. If you want to make changes to the answers we have provided, please let us know and we will change them to your answer. Most of the answers are straight forward as we know many of the RHCs would not have survived the pandemic without these funds and services would have been lost at a time when they are needed most. If you will writ in any answers that you want changed and if you will write the impact of the PRF on your situation that would be most appreciated, otherwise we will complete the survey with something like we did here.

Financial Effects of PRF Payment(s):

The PRF payment(s) had a significant impact on overall operations (e.g., general and administrative expenses, healthcare related expenses).

Strongly Agree

PRF payment(s) significantly affected the ability to (select all that apply):

Retain personnel;Pay rent/mortgage;Pay fringe benefits;Pay insurance;Other operational expenses;Make lease payments;Pay utilities/operations

The PRF payment(s) helped maintain solvency and/or prevent bankruptcy.

Yes

The PRF payment(s) helped retain staff that otherwise would have been furloughed or terminated.

Yes

The PRF payment(s) helped re-hire or re-activate staff from furlough.

Yes

Clinical Care Effects of PRF Payment(s):

The PRF payment(s) helped to make the changes needed to operate during the pandemic (e.g., by acquiring PPE, creating temporary facilities, providing for virtual visits, etc.).

Strongly Agree

PRF payment(s) helped facility operations and patient care by allowing our facility to (select all that apply):

Buy testing equipment;Buy Personal Protective Equipment (PPE) (e.g. gloves, masks, gowns etc.);Buy other equipment;Buy supplies (e.g. ventilators, etc.);Enhance Information Technology (e.g. electronic health records etc.);Enhance or implement Telemedicine services;Increase testing capacity;Other healthcare related expenses

The PRF payment(s) helped care for and/or treat patients with COVID-19 (for applicable treatment facilities).

Yes

(OPTIONAL) Please describe the impact PRF payment(s) had on the business or patient services. Maximum 1000 characters.

Thank you for the provider relief funds. They were extremely helpful in helping us survive the pandemic and provide services for our patients while protecting ourselves and our families from Covid. We appreciate the support that has enabled us to help our community and serve our rural and medically underserved community.

Thanks again for what you are doing. We have provided some section dividers for the information we will compile and document what was entered into the portal. This information will not be submitted as a part of the reporting but must be maintained for at least 3 years (preferably 6) after the report has been submitted. Please gather this information and use these section dividers to sort the information.



Rural Health Clinic Provider Relief Reporting PRF Documentation

Contact Information

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Join our Facebook Group: <https://www.facebook.com/groups/1503414633296362/>

COVID-19 Resources: <http://www.ruralhealthclinic.com/covid19>

Provider Relief Funds

Other Assistance Received

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Provide us with documentation of the amount and the date received to ensure we place it in the correct quarter if you have that information available.

Provider Relief Funds Expenses

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Please provide copies of invoices for purchases made and a **sort them by quarter and then by type of expense labeled (G & A) or (HR)**. If you are using payroll expense, please provide a spreadsheet something like the following to document the time and payroll you are claiming by quarter. We added an Excel spreadsheet to help you which can be found by clicking below the sample form provided.

[Click here to download our Excel PRF Payroll Worksheet that will help you document payroll expenses by Quarter](#)

Provider Relief Funds Lost Revenues

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Please provide us with your Profit and Loss Statements for the calendar years 2020 and 2019. If you have both years tax returns filed with the IRS those will be helpful as well. **If all your PRF funds were used to pay expenses to prevent, prepare for, and respond to coronavirus, then there is no need to complete the table** that breaks down net patient collections by payor source by quarter for 30 months or 10 quarters.

If you are claiming lost revenues, please provide us with Quarterly breakdowns of your net patient collections by payor and by quarter for the period 1/1/2019 through 6/30/2021 (10 quarters). Please separate the information by quarter.

Provider Relief Funds Personnel Metrics

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RHCs are required to submit information on certain operating metrics of the RHC. The most difficult one is the personnel metrics which requests six different metrics broken down between clinical and non-clinical. Since there are 10 quarters of data, this will take some time. The quarterly 941 reports or quarterly state unemployment fund reports will be a good source document that can help you figure out what your employment metrics were by quarter.

Please provide any documentation you have on how you arrived at the information provided in the Personnel Table and will be reported in the PRF Portal.

Provider Relief Funds Patient Metrics

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Please provide documentation of how you computed the quarterly patient visit counts that will be entered into the PRF portal. We need this information by quarter for the period 1/1/2019 through 6/30/2021.

Provider Relief Funds Survey

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Please write a short paragraph on the impact that Provider Relief Funds have had for your Rural Health Clinic and healthcare in your community.